File with:



Disclosure Board 510 E. 12 th , Ste. 1A		20	CO DON A.	
Dea Moinas, Iowa 50319 Fax: 515-281-4073	FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PAGE	20. BE	SG 067 20 FH 1: 32	
COMMITTEE NAME (Must b	be same as on Statement of Organization)			
IMPORTANT: Indicate by # type (1)Statewide/Legislative/Judge: (4)County Central Committee (1)	For SuperVISOT e of committee you are reporting for: [5] Standing for Retention Candidate (2) State PAC (3) State Party 5) County Candidate (6) City Candidate (7) School Board or Othe	(Re	DR-2 DISCLOSURE REPORT Office Use Only	
Subdivision Candidate (8)Coun 11) Local Ballot Issue	nty PAC (9)City PAC (10)School Board or Other Political Subdivi	- CONTRACT	nm. #	
CANDIDATE COMMITTEES Candidate Name JOCKY MCDo Office Sought Appring DSC Cal	Political Party (If appli	icable) Logo Scar Corr	ged In	
ate reports are subject to possi	sible civil and criminal penalties. Pursuant to Iowa Code sections Stron	28	.401(3), the candidate, for a 7-19-08 DATE SIGNED	
AM FILING AM OCT	Tober 19 1 2008 REPORT FOR (1) EL report date)	ECTION /(2)NON-EL	LECTION YEAR.	
CHECK IF AMENDMENT T	TO REPORT DATED	Local Commi	ittees, enter Date of Election	1
	nation) report and attach Notice of Dissolution Form DR-3. to file reports until a DR-3 is filed.)	مافعوا كأطماطين	ost Committees, enter County in on is held 005C	
(You must continue t		مافعوا كأطماطين	n in hald	
(You must continue to STATEM STATEM CASH ON HAND at the begin	to file reports until a DR-3 is filed.)	which Election	n in hald	
STATEM STATEM CASH ON HAND at the begin committee. This amo of the last reporting p	to file reports until a DR-3 is filed.) MENT OF CASH ON HAND Inning of the reporting period. (Total of all funds held by the report MUST be the same as the cash on hand at the end period or must be zero if this is first report filed.)	which Election	898.55	
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STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

CK# ID# CK# ID# CK# ID#

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For Instruction	ons, See Back of F	orm		SCHEDULE	<u> </u>	
	IONS MONEY TA ing candidate's personal fu			A (Rev. 07/03)	MONET/ RECEI	,
COMMITTEE TO JOHN /		as on Statement of Organization) For Supervisor			ECK THIS B	
STATE CANDIDA NUMBER AND THE DISCLOSURE BOA	e pac check number in	BUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION C THE DESIGNATED COLUMN. A LIST OF 11D NUMBERS IS AVAILAB	OMMITTEE), LI LE FROM THE	IST THE PAC I IOWA ETHIC	DENTIFICATIO S AND CAMPA	ON IGN
NOTE: ANY PER RESPONSIBILITY	ISON, OTHER THAN AN IES AND SHOULD IMME	INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO 'CONTRIBUTE SOURCE SO	YOUR CAMP.	AIGN MAY H	IAVE FILING	
CAUTION: Sec commercial purp	tion 68B.32A(6), prohib cose by any person other	its the use of information copied from reports and statemer or than statutory political committees.	nts for soliciti	ng contribut	lons or for ar	Ν
DATE RECEIVED (MM/DD/YR)	PACID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATION TO CANDI (if applice	DATE* F	AMOUNT RECEIVED	VIFFO FUND- RAISEI INCOM
7-30-00	ID# CK#	Bill BUSS 402 E. Morpherville, IA 5250	,	\$	00-00	
7-30-08	ID#	Rollie Reznicek 818 So. 174 St. Centerville, IA 52544			50.W	
9-08-08	CK#	Jim McCord 17448 HWY 2 Centerville JA 58544			25.00	
9-22-18	ID# CK#	Carl Cister 7/4 So. 18 TH Centerville IA 52544		10	0.00	
	ID#					

CK# ID# CK# ID# CK# ID# CK# SUB-TOTAL TOTAL (if last page of this schedule)

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consenguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

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200	∵ ⊋		9

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF NDING FORM

Jody	McDar	nel for Supervis	or	
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
9408	ID# CK# 4	Lois FOX Moulton, TA 52572	Blanket Prize for fund-raise	\$ 19.00
9-4-08	ID#	Moulton After from at High School Moulton, IA 52572	for fund-raiser	\$18.00
10-3-08	ID# CK# Le	Towegian + Ad Express 105 N. Main st Centerville, TA 57544	campaign Advertising	400.00
	ID# CK#			
	ID#			
	CK#			
	CK#			
	ID#			
	CK#			
	CK#			
			SUB-T	OTAL \$ 427 47

			CANDIDA		

Purchases of certain campaign property costing \$500 or more must also be Inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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Page	 of		

TOTAL (If last page of this schedule)